COMMON GROUND CHILD CARE CENTER
1700 Wainwright Drive, Reston, Virginia 20190
(703) 437-8226

2019 REGISTRATION FORM

SECTION 1 – CHILD'S INFORMATION:

CHILD'S NAME: _____

Nickname: _____ Sex: _____ Birth Date: _____

SECTION 2 AND 3 – PARENT/GUARDIAN CONTACT INFORMATION:

NAME OF PARENT/GUARDIAN WITH LEGAL CUSTODY (1): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Employer Name & Location: _____ Work Phone: _____

NAME OF PARENT/GUARDIAN WITH LEGAL CUSTODY (2): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Employer Name & Location: _____ Work Phone: _____

CALL FIRST IN CASE OF EMERGENCY: _____ at ☐ Home ☐ Cell ☐ Work

Names and ages of siblings: _____

_____

SECTION 4 – PHYSICIAN'S INFORMATION:

CHILD'S PHYSICIAN: _____ OFFICE PHONE: _____

SECTION 5 AND 6 – NON-GUARDIAN EMERGENCY CONTACT INFORMATION:

The following two people are authorized to pick up the child if the parent(s) cannot be reached and will be able to pick-up the child promptly in case of illness or other emergency (e.g. late for pick-up):

Name (1): _____ Relationship: _____

Home Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Name (2): _____ Relationship: _____

Home Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Other persons authorized to pick up this child: _____

_____

Are there any persons specifically **NOT** authorized to pick up this child: YES or NO

If yes, please name: _____

SECTION 7 AND 8 – MEDICAL CONDITIONS:

PLEASE FILL OUT THE MEDICAL ACTION PLAN ANY ALLERGIES OR ONGOING MEDICAL CONDITIONS

Allergies and intolerances: _____

_____

Action to take in case of allergic reaction: _____

_____

Current medications: _____

_____

Chronic or recurring physical problem: _____

_____

Pertinent developmental information: _____

_____

Any other medical history we should be aware of: _____

_____

SECTION 9: PLEASE SEE SCHOOL ENTRANCE HEALTH FORM AND VACCINATION RECORDS

SECTION 10 – AGREEMENTS:

Health and Wellness Agreements:

1. **Emergency Medical Care Authorization:** I authorize Common Ground to seek emergency medical care for my child should an emergency occur and I cannot be immediately located. Please list any exceptions/objections:
   _____
   _____
2. **Illness Policy:** I understand that Common Ground will notify me if my child becomes ill and, if requested by Common Ground, I will make arrangements to have my child picked up as soon as possible.
   Initials: _____
3. **Communicable Disease Policy:** I will notify Common Ground within 24 hours or the next business day if my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
   Initials: _____
4. I have read and understand the infection control policy (posted on the website and available in the front office) and agree to abide by it for the protection of my child, other children, and staff members at Common Ground.
5. Initials: _____
6. I understand that Common Ground is a peanut/tree nut free facility and agree to adhere to Common Ground's peanut/tree nut free and outside food policies as listed on our website.
   Initials: _____

Signature_____ Date_____

Financial Agreements:

7. **Security Deposit:** I agree to pay a deposit equal to one-half the monthly tuition at the time of enrollment, which will be credited towards the last month of tuition with 30 days written notice of withdrawal.
   Initials _____
8. **Tuition Agreement:** I agree to pay all monthly tuition and any assessed fees on the **first** of each month. To avoid missed payments and fees, Common Ground offers automatic bank withdrawals. If payment is by check and is not received by the **third calendar day** of the month, late fees will be charged as follows:
   a. $50 for payment made between the 4th and 10th day of the month
   b. $100 between the 11th and 20th day of the month
   c. $150 between the 21st and last calendar day of the month
   d. $300 between the 1st and 15th of the following month.

   If tuition and any assessed fees are not paid within 45 days of due date, enrollment will be terminated.
   Initials _____
9. **Late Pick Up Agreement:** I agree to call an emergency back up if I cannot pick up the child by 6:30 p.m. I understand that there is a late pick up fee of $3.00 per minute per child picked up after 6:30 p.m. The parent authorizes Common Ground to call the local emergency contact listed on page 1 at 6:30 p.m. for pick-up.
   Initials _____
10. **30 days Written Notice:** I agree to provide 30 days written notice for all changes to enrollment (withdrawal, reduction in hours, etc.) and understand that Common Ground reserves the right to decline reducing hours from full time to part-time status. In cases of a leave of absence, Common Ground will retain the security deposit and the parent/guardian agrees to pay a non-refundable $50 per month to hold the slot. Common Ground agrees to contact the parent/guardian if the slot can be filled with a new student. The parent/guardian will have 48-hours to reinstate their child and begin paying tuition immediately; a new enrollment fee will not be applied. If the parent/guardian elects not to return, then the slot will be forfeited and their security deposit will be returned within 30 days.
    Initials _____
11. **Family Volunteer Hours:** I understand that my family and I are responsible for 15 volunteer hours per school calendar year and 5 hours over the summer. Volunteer hours can be credited through numerous activities at Common Ground and through Common Ground Gives Back initiatives. I understand that I will be charged $50 per unfulfilled hour on May 31 and August 31 or at disenrollment from Common Ground. Hours will not be prorated for early withdrawal or leave of absences. Parent hours are only prorated the first year the family joins Common Ground; hours are reduced by one (1) hour for each month not enrolled.
    Initials _____

Activity Agreements:

12. My child has my permission to participate in authorized field trips under the supervision of the Center staff and to ride to/from them on the Center's bus/van.
    Initials _____
13. My child has my permission to participate in Common Ground water play activities, including the wading pool when age appropriate.
    Initials _____

Photography Release and Agreements:

14. Photographs of the children engaged in Center activities are occasionally taken by staff members and photographers (for school use, while accompanied by a staff member). Common Ground agrees to use best practices in protecting personal information about pictured students.
    I agree to allow Common Ground to take photos of my child for use on:
    a. Tadpoles (internal use - online daily sheets) Initials _____
    b. Seesaw (internal use - online visual journaling) Initials _____
    c. Smugmug password protected gallery for school events/school portraits Initials _____
    d. Printed for class projects internal center publications Initials _____
    e. Print marketing for external publications Initials _____
    f. Common Ground website http://commongroundchildcare.org Initials _____
    g. Common Ground digital marketing and social media Initials _____

SECTION 14:

Additional programs or schools concurrently attending and class level: _____

Previous School or Child Care Experience: _____

CHILD'S GENERAL SCHEDULE:

	Arrival Time	Departure Time	Meals Attending
Monday	_____	_____	☐ Breakfast ☐ Lunch ☐ Snack
Tuesday	_____	_____	☐ Breakfast ☐ Lunch ☐ Snack
Wednesday	_____	_____	☐ Breakfast ☐ Lunch ☐ Snack
Thursday	_____	_____	☐ Breakfast ☐ Lunch ☐ Snack
Friday	_____	_____	☐ Breakfast ☐ Lunch ☐ Snack

Other information we should be aware of: _____

_____

_____

_____ _____

Parent/Guardian Signature Date

_____ _____

Common Ground Child Care Center Date

CHILD CARE USE ONLY

Date child admitted for care _____ Date withdrawn _____

☐ Deposit Paid: _____ ☐ School Entrance Health Form ☐ Birth Certificate

☐ Emergency Care Card Medical Action Plan Needed: ☐ YES ☐ NO